



Date: 3/1/2023 2:43:03 PM


Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000777457	
Name: E & E COMPANY LTD		 (402)06757163000777457	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: ABF Freight	
VENDOR: 000074879		Responsible Acct.No:	
SHIP TO		Trailer number: 84188	
Name: Kohis Dist. Center - #00890		Seal number(s): na	
Address: 4300 MBL Drive		SCAC: ABFS	
City/State/Zip: Ottawa D.C., 00890		Pro Number: 155131726	
City/State/Zip: Ottawa, IL 61350			
CID#: 853816109			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:	
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Load #: 853816109			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	
14026101 Dept#: 115	47	762.38	Y	N
Grand Total	47	762.38		


155 131 726

Driver signature only acknowledges receipt of freight. Shipment is subject to applicable terms and conditions of Uniform Straight Bill of Lading and ABF's tariffs.

 **7**

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
24	ctns	1		235.68		Bath Towel, Beach Towel	49390 Sub 4	175
23	ctns			526.70		Shower curtain	49385	77.5
47				762.38		Grand Total		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:
 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper Signature

SHIPPER SIGNATURE / DATE
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

[Signature]

Trailer Loaded: **Freight Counted:**

By Shipper By Shipper

By Driver By Driver/pallets said to contain

By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Property described above is received in good order, except as noted.

ABF

Appt Time: *JAVIER ORTIZ*

In: *3-1-23*

Out: *1PT*

Driver Signature: _____

Appt Time: _____

In: _____

Out: _____

Driver Signature: _____

Appt Time: _____

In: _____

Out: _____

Driver Signature: _____